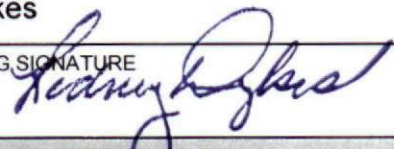


U.S. Department of the Interior
Bureau of Safety and Environmental
Enforcement (BSEE)

Submit original plus two copies,
with one copy marked "Public Information."

13 2019
OMB Control Number 1014-0019
Resource Conservation Section
BSEE Gulf of Mexico Region

WELL POTENTIAL TEST REPORT (WPT)

1. <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> CORRECTION	4. LEASE NO. 00821	3. WELL NO. I001	2. API NO. (with Completion Code) 177114136200S02		11. OPERATOR NAME and ADDRESS (Submitting Office) Cox Operating, LLC 1615 Poydras ST Suite 830 New Orleans, LA. 70112
8. FIELD NAME Ship Shoal	5. AREA NAME SS 183	6. BLOCK NO. 183	50. RESERVOIR NAME C8 Sand FB-S		
88. TYPE OF REQUEST <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> RECOMPLETION <input type="checkbox"/> REWORK <input type="checkbox"/> RECLASSIFICATION <input type="checkbox"/> REESTABLISH	89. ATTACHMENTS PER §§ 250.1151(a) and 250.1167 <input checked="" type="checkbox"/> LOG SECTION <input checked="" type="checkbox"/> RESERVOIR STRUCTURE MAP <input type="checkbox"/> OTHER _____		7. OPD NO.	10. BSEE OPERATOR NO. V1510	43. DATE OF FIRST PRODUCTION 11/12/2018
		9. UNIT NO. N/A	90. RESERVOIR CLASSIFICATION <input type="checkbox"/> SENSITIVE <input checked="" type="checkbox"/> NONSENSITIVE		
WELL TEST					
92. DATE of TEST 11/12/2018	93. PRODUCTION METHOD Flowing	94. TYPE OF WELL <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	95. HOURS TESTED 7	96. CHOKE SIZE (Test) 36.0	97. PRETEST TIME 36.0
98. CHOKE SIZE (Pretest) 36.0	99. SHUT-IN WELLHEAD PRESSURE (Gas wells only) 1105		100. FLOWING TUBING PRESSURE 181		101. STATIC BHP (Omit on Public Info. Copy)
102. LINE PRESSURE (Gas wells only) 155		103. TOP PERFORATED INTERVAL (md) 8657		104. BOTTOM PERFORATED INTERVAL (md) 8665	
TEST PRODUCTION - 24 HOUR RATES					
105. OIL (BOPD) 75	106. GAS (MCFPD) 175	107. WATER (BWPD) 312	108. API @ 14.73 PSI & 60° F 29.5	109. SP GR GAS @ 14.73 PSI & 60° F .599	
115. OTHER ACTIVE COMPLETIONS IN RESERVOIR (Continue in Remarks or attach an additional sheet if necessary.)					
LEASE NO.	WELL NAME	API WELL NO.	LEASE NO.	WELL NAME	API WELL NO.
1.			5.		
2.			6.		
3.			7.		
4.			8.		
91. REQUESTED MAXIMUM PRODUCTION RATE (MPR) (Required only for Pacific and Alaska OCS Regions.)					
26. CONTACT NAME Randy Guliuzo			27. CONTACT TELEPHONE NO. 504-603-1344		32. CONTACT E-MAIL ADDRESS rguliuzo@coxoil.com
28. AUTHORIZING OFFICIAL (Type or print name) Rodney Dykes			29. TITLE President & COO		
30. AUTHORIZING SIGNATURE 			31. DATE 06/10/2019		
THIS SPACE FOR BSEE USE ONLY REQUESTED MPR <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED (Pacific and Alaska OCS Regions)					
BSEE AUTHORIZING OFFICIAL				EFFECTIVE DATE	

PUBLIC INFORMATION

WELL POTENTIAL TEST REPORT (WPT)

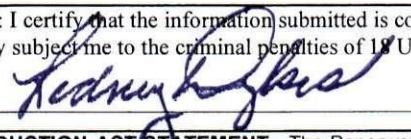
116. REMARKS

RECEIVED

JUN 13 2019

Resource Conservation Section
BSEE Gulf of Mexico Region

CERTIFICATION: I certify that the information submitted is complete and accurate to the best of my knowledge. I understand that making a false statement may subject me to the criminal penalties of 18 U.S.C. 1001.

Name and Title: 

Date: 06/10/2019

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*) requires us to inform you that this information is collected to implement the various environmental provisions of the OCS Lands Act. We use the information to determine well, lease, and field producing capability and serves as the basis for approving maximum production rates for certain oil and gas completions. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.197. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden of this form is estimated to average 3 hours per response, including the time the geologists need to prepare the map, time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 381 Elden Street, Herndon, VA 20170.